

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2006

Process evaluation of treatment with adolescents in residential treatment foster care

Courtney Anne Glazer

Adrianne Marie Vance

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Child Psychology Commons](#), and the [Social Work Commons](#)

Recommended Citation

Glazer, Courtney Anne and Vance, Adrianne Marie, "Process evaluation of treatment with adolescents in residential treatment foster care" (2006). *Theses Digitization Project*. 3067.
<https://scholarworks.lib.csusb.edu/etd-project/3067>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

PROCESS EVALUATION OF TREATMENT WITH ADOLESCENTS
IN RESIDENTIAL TREATMENT FOSTER CARE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Courtney Anne Glazer
Adrienne Marie Vance

June 2006


PROCESS EVALUATION OF TREATMENT WITH ADOLESCENTS
IN RESIDENTIAL TREATMENT FOSTER CARE

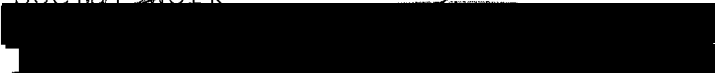
A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Courtney Anne Glazer
Adrianne Marie Vance

June 2006

Approved by:


Dr. Janet Chang, Faculty Supervisor
Social Work


Daniel Svedas, S.C.S.W., Los Angeles County
Department of Children and Family Services


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

5/15/06
Date

ABSTRACT

As the number of children in foster care without a familial placement continues to grow, the child welfare system is turning towards a new placement approach called Residential Treatment Foster Care. This study performed a process evaluation of 30 Residential Treatment Foster Care facilities in Los Angeles County that explored the four characteristics of case plan design, team decision-making, therapeutic intervention, staff training, and overall treatment effectiveness with regards to the number of Absences Without leave (AWOL's) and completion of treatment plan. The findings showed that a majority of the RTFC facilities utilize these characteristics and report that they affect treatment program outcomes, thus showing consistency with past research that indicates that facilities that utilize components such as individualized case plans and team-decision making do report having a higher level of effectiveness at the facility. Questions posed for future study of RTFC facilities would include a more detailed examination of these components, as well as an examination of other components that exist in the construct of a RTFC facility.

ACKNOWLEDGMENTS

We would like to acknowledge Dr. Janet Chang, for her support and guidance. We would also like to thank the Los Angeles County Department of Children and Family Services and the 30 Residential Treatment Facilities in Los Angeles County for taking the time to provide us with the means to accomplish this study.

DEDICATION

To my parents, Jan and James Vance, for helping me achieve my goals. To my parents, Jay and Sylvia Glazer and to my love, Kevin Mapsumo, for giving me support through the entire process.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Policy Context	2
Practice Context	3
Purpose of the Study	4
Significance of the Project for Social Work Practice	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction	10
Case Plan Design	10
Use of All Persons for Team Decision-Making	11
Types of Interventions	12
Staff Trainings Received at Residential Treatment Foster Care Facilities	15
Theories Guiding Conceptualization of Treatment Plans	16
Summary	19
CHAPTER THREE: METHODS	
Introduction	20
Study Design	20
Sampling	23

Data Collection and Instruments	24
Procedures	27
Protection of Human Subjects	28
Data Analysis	29
Summary	30
CHAPTER FOUR: RESULTS	
Introduction	31
Presentation of the Findings	31
Demographic Characteristics of the Participants	31
Variables Affecting Program Outcomes	33
Program Outcome Variables	38
Summary	42
CHAPTER FIVE: DISCUSSION	
Introduction	43
Discussion	43
Limitations	46
Recommendations for Social Work Practice, Policy and Research	48
Conclusions	51
APPENDIX A: INTERVIEW GUIDE	53
APPENDIX B: INFORMED CONSENT	58
APPENDIX C: DEBRIEFING STATEMENT	60
REFERENCES	62
ASSIGNED RESPONSIBILITIES PAGE	64

LIST OF TABLES

Table 1. Demographic Characteristics of the Participants	33
Table 2. Case Plan Design	34
Table 3. Team Decision-Making	35
Table 4. Types of Therapeutic Interventions	36
Table 5. Staff Trainings Mandated at Facility	38
Table 6. Number of Absences without Leave that Occur Per Year	39
Table 7. Percentage of Clients who Complete Treatment Plan	40
Table 8. Administrator's View of Facility's Effectiveness	41

CHAPTER ONE

INTRODUCTION

Problem Statement

There is an immense amount of over a half a million children in the foster care system, with almost half of this total accounting for youth ages 11-18 (Charles & Nelson, 2000). With so many adolescents residing in foster care without a familial placement, the child welfare system must turn to another form of placement: Residential Foster Care. Adolescents placed by child welfare services into Residential Foster Care are dealing with many difficult situations, such as poverty, child abuse, deprivation, intra-family substance abuse and violence. Baez (2003) suggested that these environmental components often contribute to the development of socio-emotional vulnerabilities, impulsive disorders, conduct disorders, depression, anxiety and a higher rate of self-destructive behaviors. The child welfare systems' recognition of these disorders affecting many adolescents has led to an increase in a more therapeutic form of foster placement called Residential Treatment Foster Care (RTFC).

Although the child welfare system has improved the quality of Residential Foster Care or group homes by incorporating treatment plans, there has been little emphasis placed on what overall treatment regimes for adolescents are showing the most favorable outcomes. The concern for the need to assess characteristics that contribute to the effectiveness of treatment for adolescents in RTFC spreads throughout the arena of child welfare, ranging from the staff in the Department of Children and Family Services to the clients that benefit from social services. The RTFC approach for foster placement is a newer program in child welfare that still needs to be assessed for its long-term benefits due to data showing that two-thirds of youth remain in foster care for an extended period of time (Farmer, Wagner, Burns, & Richards, 2003).

Policy Context

Currently, the most comprehensive policy-affecting adolescents in foster care is the Child Welfare System Improvement and Accountability Act (AB636) of 2004. One of the child welfare outcomes stated in this act pertains to permanency with a goal of decreasing the proportion of children with a case plan goal of Long-Term Foster

Care/Planned Permanent Living Arrangement. Although this act aims to decrease the future number of adolescents in foster care, it does not mandate any regulations that monitor treatment plans with those adolescents currently in-group home foster care.

Practice Context

Social workers employed at a variety of agencies are likely to work with clients who have been placed in RTFC facilities. Social workers who work in school settings, county agencies, clinical agencies and juvenile detention centers are all likely to be exposed to clients who have resided in RTFC facilities. Baez (2003) found that past group home placement for a client was a strong predictor for criminal recidivism, thus emphasizing the importance of the need of exploring treatment effectiveness at RTFC facilities. Social work practitioners from these different settings could utilize findings of a process evaluation study to help improve current treatment of clients and decrease the occurrence of future maladaptive behaviors.

Purpose of the Study

Due to the increasing amount of adolescents being placed in RTFC, we have become specifically interested in performing a process evaluation of 30 residential group homes. For the purpose of this study, we studied how effective each of these group homes were in their every day operations. Knowledge of which types of therapeutic interventions are being implemented, and how the overall RTFC staff are being trained, are just some of the important aspects that could help raise awareness of what makes up a successful placement setting. Currently, there is little to no empirical evidence surrounding how much of an impact certain therapeutic interventions are having on clients in RTFC (Curtis, Alexander, & Lunghofer, 2001). Thus, it is valuable to address specific aspects such as intervention methodology, case plan design, staff training, and team decision making, in order to attain a more positive and overall successful setting for a child who is in placement.

Many of the youth in foster care are approaching the emancipation age of 18 and an effective treatment plan can teach these youth self-management skills that can help them successfully transition into adulthood (Baez,

2003). Thus, it is imperative that these services the youth in foster care receive are also preparing them for their adulthood. By conducting a process evaluation on some of these Residential Treatment Foster Care facilities, client-service delivery can be examined regarding preparatory measures such as emancipation (Grinnell & Unrau, 2005). Hence, it is ideal to determine exactly how all the components of a Residential Treatment Foster Care group home operate, so that these programs can fully maximize their potential.

Since empirical data is limited with regards to treatment effectiveness at residential facilities, exploratory research was utilized to gain further insight. As stated previously, the overall method that was implemented for this research was a process evaluation. Furthermore, the type of research design that was the best fit for this study was a survey design with face-to-face and telephone interviews. The sample size was retrieved from 30 different Residential Treatment Foster Care facilities located in Los Angeles County. Lead staff and administrators from these facilities were interviewed with standardized questions regarding: staff training, types of interventions, case plan design, and

whether or not team decision-making is used at their facility. These various characteristics were defined as a way to measure the overall effectiveness of each facility's treatment.

Consequently, research does indicate that many youth placed in residential treatment facilities do suffer with more emotional distress and lower self-esteem than other youth not placed in Residential Treatment Foster Care (Altshuler & Poertner, 2002). Furthermore, research has also gone on to state that a youth's overall well-being is at risk when placed in Residential Treatment Foster Care (Altshuler & Poertner, 2002). This study collected all pertinent data during the interview process with lead administrators, in order to address how the RTFC facility is supporting the well-being of each client.

Significance of the Project for Social Work Practice

Social workers who specialize in child welfare should be aware of the high numbers of youth who are in the social services system and how they are placed into foster care group homes. Due to the high number of youth in the foster care system; it is imperative that child welfare agencies invest research into evaluating the

effectiveness of their current treatment in order to provide the best quality of care for this vulnerable population.

Child welfare agencies that have a disproportionate number of adolescents in foster care, such as LA County Department of Children and Family Services (DCFS), express great concern for ways to accommodate to the needs of the adolescent population in foster care in order to help them become productive members of society. Furthermore, evaluating the current types of treatment at Residential Treatment Foster Care facilities could aid in changes in foster care social work on a micro and macro level. On a micro level, changes could occur in how RTFC practitioners individually work with adolescents in foster care to help decrease behaviors or disorders that developed due to their difficult situation that brought them into foster care. On a macro level, administrative changes could occur in the Department of Social Services by creating changes in regulation that requires all foster care placements to implement the empirically studied treatment plans.

This proposed study of 30 Residential Treatment Foster Care facilities covered both the assessment and

the evaluation phase of the generalist intervention process (Kirst-Ashman & Hull, 2002). In accordance with the evaluation phase, this process evaluation study ultimately was able to establish if each facility's treatment goals were being achieved. Overall, this process evaluation study will hold more residential treatment facilities accountable for their clients' treatment plan according to the evaluation phase (Kirst-Ashman & Hull, 2002). In addition, assessments of specific characteristics were made in order to clarify which aspects contribute to the overall success or failure of each individual facility. Essentially, the different variables that contribute to the facilities treatment plan were specifically identified (Kirst-Ashman & Hull, 2002). Therefore, we utilized a process evaluation of 30 Residential Treatment Foster Care facilities, in order to assess the characteristics of case plan design, team decision-making, types of interventions and staff training and how they contribute to treatment effectiveness.

The relevance of a process evaluation of RTFC facilities to child welfare practice is that there is a large amount of clients on a social worker's caseload

that are placed into RTFC facilities, and therefore it is important to explore how effectively treatment plans for these clients are being implemented. Child welfare social workers could benefit from the knowledge obtained by a process evaluation of RTFC facilities in order to gain further insight of what local RTFC facilities are providing better client services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two consists of a discussion of the relevant previous literature on the topic of treatment plans for adolescents in RTFC. This chapter is divided into five sections: case plan design, team decision making, types of interventions, staff training, and theories guiding conceptualization of treatment plans.

Case Plan Design

An aspect of treatment in RTFC that has been researched is the effectiveness of forming a specific case plan treatment that is unique to each client. Leveille (2001) suggested that a tailored design for a client's treatment not only adheres to the client's specific maladaptive behavior, but also allows the adolescent to be apart of a cohesive process in identifying the effective ways of describing their psychological needs and getting them met. Although a review of the research recommended individual case planning, there is still little research that states its

overall benefits or whether or not the majority of RTFC facilities have adapted this form of case planning.

Use of All Persons for Team Decision-Making

Team decision-making is still a very new concept that is slow to be implemented into many residential treatment facilities. Consequently, research has failed to give way to empirical data pertaining to team decision-making's success or failure.

A study conducted by Leveille (2001) did examine one residential facility that did use therapists, line staff, and administrators for all major decision making processes. This facility was innovative in terms of allowing lead staff to help create which intervention model to use for their clients (Leveille, 2001). Leveille (2001) found that many complications arose by having uneducated staff apply higher-level modes of treatment instead of just the therapist. For example, front line staff that were not licensed or possessed higher levels of education were allowed to establish which modes of treatment should be applied to the clientele. Staff would exude punishment to the clients such as insulting them or embarrassing them whenever staff became frustrated with

their behavior. Thus, due to the lack of knowledge about psychology and intervention, staff was implementing unethical modes of treatment (Leveille, 2001).

On the other hand, Leveille's study (2001) did yield the interesting aspect of how autonomy and self-validation exists with team decision-making. Staff at this residential treatment facility was given more power in terms of decision-making, and as a result they had more of a desire to want to stay in their profession. As further explained, since the power was diffused in this organization, staff felt empowered and became more active at the facility (Leveille, 2001). Staff actively entertained new innovative ideas and engaged more with administration. Overall, Leveille (2001) saw that by engaging staff more into the decision-making process, staff questioned the program more and showed more genuine concerns for the overall well-being of the clients they served.

Types of Interventions

Past research shows that the innovation of Treatment Foster Care to the child welfare system has improved outcomes in comparison to traditional foster care

placements, but further studies need to be implemented that evaluate treatment interventions for adolescents in Residential Treatment Foster Care placements (Leveille, 2001). Baez (2003) and Leveille (2001) proposed that these possible future interventions might be found in pilot programs that are being implemented in a few RTFC placements. One program is based on a multi-model Program for Innovative Self Management (PRISM) that utilizes cognitive-behavioral and relaxation techniques to equip acting out adolescents with skills to better manage a wide spectrum of emotions and behaviors (Baez, 2003). The PRISM model intervention suggests that its philosophy of teaching self-management skills to adolescents is crucial in order to prepare them for independent living once they emancipate from the foster care system (Baez, 2003).

Leveille (2001) proposed that another future intervention is a RTFC program that uses a phenomenological approach that bypasses the usual power struggles between staff and youth by recognizing youth autonomy and intentionality. The goal of the program is to change the cognitive orientation of the youth as it is assumed that youth problems result from cognitive frames. This model states that it has an advantage over other

interventions because it recognizes that youth are persons and autonomous subjects "who continuously experience, interpret and act back upon their world" (Leveille, 2001, p. 156). Although both interventions suggested by these two researchers appear promising, there is little empirical research that supports the effectiveness of the treatment interventions or their implications for long-term effects on the successful outcomes of adolescents in foster care.

A traditional form of intervention that is frequently utilized at RTFC facilities is the cognitive-behavioral approach. Cooper and Lesser (2005) stated that in Cognitive-Behavioral Therapy (CBT), there is an emphasis on reframing client's thought processes in order to address the individual's target problematic behaviors. An example of a technique utilized to accomplish cognitive reframing is the implementation of a reward and punishment system. At the RTFC facilities, clients are placed on a daily point value system that monitors acceptable behaviors that coincide with the facility's expectations of the clients. Hence, clients are rewarded for fulfilling the facility's expectations by receiving more privileges and are punished by having

these privileges revoked when expectations are not met (Cooper & Lesser, 2005).

Staff Trainings Received at Residential Treatment Foster Care Facilities

Studies are limited pertaining to the amount of staff trainings; however, one study has shown how imperative training is to the entire program's effectiveness. A review of the research conducted by Zirkle, Jensen, Collins-Marotte, Murphy, and Maddux (2002) found that many of the problems staff face at RTFC facilities are due to the lack of standardized training on such topics as ethics. Thus, the staff that may be perpetrators of unethical conduct may not have been aware of it, due to their lack of knowledge on the subject. In addition, staff at these facilities may vary in levels of education and background. Therefore, differential training tailored to each staff's level of education, is needed for a more cohesive group of staff (Zirkle et al., 2002).

Zirkle et al. (2002) also discovered that boundary violations by the staff did occur in the RTFC facilities they studied. Hence, the staff, at these facilities, was forming dual relationships with the clients, such as

forming outside friendships, and not adhering to the professional conduct (Zirkle et al., 2002). Training staff at these facilities about the importance of maintaining boundaries with children can help staff to understand what exactly appropriate behavior with a client is and how to address it. Essentially, ongoing training of child development issues and how to behave with youth was found to help decrease staff's bewilderment of what are appropriate boundaries (Zirkle et al., 2002).

Theories Guiding Conceptualization of Treatment Plans

Researchers suggested theories that could guide the evaluation of effective treatment interventions for adolescents in RTFC are a combined self-psychology and developmental approach, a phenomenological/existential approach, and a cognitive-behavioral approach. Baez (2003) pointed to the inadequacy of traditional clinical psychotherapeutic interventions with adolescents and that the combined self-psychology and developmental approach is more suitable because it recognizes the demands of adolescence. This multi-perspective places emphasis on improving the adolescents' self-cohesion and achievement

of the developmental tasks in adolescence. These tasks include "constancy of self-esteem, development of inner regulatory controls, constancy of mood, being at home in one's body, knowing where one is going, and an inner confidence of anticipated recognition from others who count" (Baez, 2003, p. 354). The completion of these developmental tasks and self-cohesion teaches adolescents important self-management life skills.

The phenomenological/existential approach is a person-centered perspective that Leveille (2001) proposed is opposite from most cognitive-behavioral reward-punishment models that treat the youth as a passive object to which treatment is applied. The phenomenological perspective embodies the cognitive frames that adolescents in foster care might have about their world and encourages the youth to connect their intentions and goals with likely consequences of behavior (Leveille, 2001). A program that encompasses the philosophy of existentialism helps the adolescents grasp the realization that they are responsible for their behaviors and that behaviors of any nature have consequences.

Apsche, Evile, and Murphy (2004) proposed that the cognitive-behavioral perspective used in many RTFC facilities encompasses a "thought change process that explores deficits in self-esteem, social competency, and frequent depression" (p. 102). By identifying these deficits, the adolescent is able to accept that he or she endorses multiple dysfunctional beliefs and that these beliefs are paired with maladaptive behaviors. The adolescent is taught through therapeutic collaboration how to address his or her triggers and to understand how they activate their beliefs and how these beliefs result in problem behaviors. Accepting and understanding dysfunctional beliefs helps the adolescent to regulate the emotion and balance his or her beliefs (Apsche, Evile, & Murphy, 2004).

Based on the philosophies of the proposed guiding theories, it is suggested that further theories that have rooted frameworks in humanism should be considered, in place of cognitive-behavioral theories, in order to seek a new approach that empowers the adolescents in foster care to become responsible adults once they emancipate from the system.

Summary

As demonstrated, the literature related to the evaluation of treatment for adolescents in RTFC is scarce in providing empirical evidence that shows what characteristics in the areas of case plan design, team decision making, types of interventions and staff training contribute to the overall effectiveness of treatment. The research suggests that there are future programs that conceptually show promising attributes, but it is unknown whether these programs will actually be implemented or will be able to support the favorable outcomes that they proclaim.

CHAPTER THREE

METHODS

Introduction

In this part of the paper, a synopsis of the research methods that were used in the Residential Treatment Foster Care process evaluation is presented. In particular, the study's design, the methods of sampling, the data collection process, the procedures, the protection of human subject and the data analysis are addressed in depth.

Study Design

This study was the first study to conduct a process evaluation of treatment effectiveness of Residential Treatment Foster Care. One of the main purposes of this study was to describe the components of a Residential Treatment Foster Care (RTFC) facility and if these components contribute to treatment effectiveness. A survey descriptive design was the research approach utilized in this study. By applying a survey study design to this process evaluation, the overall process of RTFC facilities operate was addressed. For the purpose of this process evaluation, the components of each individual

RTFC facility that the researchers examined were: case plan design, team decision-making, types of interventions used at the facilities and staff training.

The use of an exploratory survey design helped the researchers to create innovative ideas surrounding the overall research question (Grinnell & Unrau, 2005). Specifically, the research question that was explored through a process evaluation of 30 Residential Treatment Foster Care facilities was how the characteristics of case plan design, team decision making, types of interventions and staff training contribute to treatment effectiveness at these facilities.

Upon collecting data, there were some limitations with this research study. One of the limitations of this process evaluation was that external reliability was a problem. Since only 30 facilities were utilized for the sample size for the research study, generalizability was a limitation due to this small sample size. In addition to the small sample size, it was also difficult to generalize the findings due to the specific locality of the facilities. Hence, the 30 RTFC facilities were located in one county in California, which limited the study by using such a small area for the sample.

Therefore, this study may only be reliable with relation to RTFC facilities located in Los Angeles County.

Another limitation of this study was that there were no standardized baselines of how an effective RTFC program operates. Therefore, it was very difficult to operationalize the dependent variable of treatment effectiveness due to the lack of empirical data defining what makes a RTFC treatment effective. The intent of this research was to operationalize the dependent variable of treatment effectiveness into the categories of number of AWOLs (Absence Without Leave) by the clients and overall completion of the client's treatment plan.

A final limitation of this process evaluation was that it relied on self-reporting. Hence, the validity of the findings from this research was difficult to assess as the participants may not have been completely honest during the interviewing process. It was very difficult to determine the validity due to the participants' bias when answering the questions presented by the interviewers.

Although there were limitations that exist with this process evaluation, this research represents a great preliminary step towards assessing the different aspects of a RTFC facility. Furthermore, this research was the

first of its kind to conduct a process evaluation of these foster care facilities. Up until this current study, social workers have been placing youth into RTFC facilities without proper awareness of how each facility operates and how effective the program is overall.

Sampling

The participants for the sample were lead administrators from approximately 30 different Residential Treatment Foster Care facilities. These lead administrators were recruited based on consent per a telephone call with one of the investigators of this study. Availability sampling was utilized as this research involved a process evaluation of specific RTFC facilities that the Los Angeles County Department of Children and Family Services Resource Unit Management (RUM) sector referred to the investigators.

These referred agencies were contacted by the researchers and appointments were made with administrative staff deemed responsible for addressing operational issues with the RTFC facility. Thus, the only criterion for these participants was that they were a lead administrator at the RTFC facility and 18 years of

age or older. All participants interviewed were voluntary. Furthermore, these participants were made aware that although the investigators are interns with the Los Angeles County Department of Children and Family Services, the County was not mandating their participation in this study.

Data Collection and Instruments

This study collected data specifically by conducting face-to-face and telephone interviews with the lead administrators from 30 designated RTFC facilities. With permission, these participants' responses were hand-written by the researchers during their individual interviews. The independent variables that were measured in this study were: case plan design, team decision-making, types of interventions used at the facilities, and staff training. Effectiveness of treatment plan was the dependent variable in this study, which was operationalized into two components consisting of number of AWOLs by the clients and overall completion of the clients' treatment plan.

Both open-ended and close-ended questions were utilized for this study. The format for the interview was

created based upon previous research suggesting that an aspect such as an organization having an individual tailored case design for its clients can help with the client's overall treatment at a RTFC facility (Leveille, 2001). The close-ended questions that were asked included demographics of the lead administrators such as ethnicity, gender, age, years of experience as an administrator at their specified RTFC facility, and credentials such as if the administrators possessed any graduate degrees or licenses. Additionally, close-ended questions for this research specifically included:

Approximately how many AWOL's occur at this facility each year? How many clients complete their treatment plan and graduate from the program? Are the case plans at this facility generalized or tailored individually per client? Does the facility construct its therapeutic regime around a cognitive-behavioral approach or a non-cognitive-behavioral? If a non-cognitive approach is used, what is it? How would it be described? Is team decision making utilized at the facility with regards to the client's overall treatment? Does the facility mandate staff training? Open-ended questions included: Which types of staff trainings does the facility offer? What

does the facility's case plan include? If team decision-making is utilized, what key people does it consist of? How effective does the administrator feel this organization is towards treating clients?

There are strengths and limitations that were present from creating a new instrument that was used during this interviewing process. A main strength of utilizing new interview questions was that these four independent variables of case plan design, team decision making, types of interventions used at the facilities, and staff training would be explored more as to whether or not there was a correlation between them and treatment effectiveness. In addition, another strength of this interview was that it elicited thoughtful responses from the interviewee due to the detailed descriptions of what staff trainings are offered and how effective they feel their organization is overall with respect to treatment.

One of the limitations of this interview design was that it is a new procedure and has never been empirically tested. Hence, reliability was a limitation as the investigators conducting this research were the first people to use this instrument and could not compare their findings to previous research that used the same

instrument. Another limitation that was found by using a new instrument included internal validity. Thus, there was a potential for the existence of extraneous variables due to the interviewers not being able to control for these variables. Further explained, the interview only addressed four independent variables at the facility and how these variables contributed to the effectiveness of the treatment. However, due to a lack of a control group, other variables not addressed in the interview could have actually confounded the overall data.

Procedures

Upon the designation of 30 RTFC facilities in Los Angeles County referred by the DCFS Resource Unit Management (RUM) sector, each facility was contacted via telephone and an appointment time for the interviewer to meet with a RTFC lead administrator in person or for an appointment by telephone was established. The researcher was able to state in the initial phone contact that the interview would be confidential. Also, the researcher requested a verbal commitment from the administrator sustaining to keep the agreed upon appointment.

The two researchers that administered this study each contacted 15 RTFC facilities and conducted an interview either at the facility or on the telephone that consisted of the previously stated questions in the areas of case plan design, team decision making, types of interventions used at the facilities, staff training, and the number of treatment completion and AWOL cases. The time line of data collection activities took place from January 2006 to March 2006, with allowance for a month and a half for interviews with the 30 RTFC facilities, and a month and a half for data analysis.

Protection of Human Subjects

As the results of this study were dependent upon the interviews with lead administrators at 30 RTFC facilities, every conceivable effort was taken to ensure the highest level of anonymity and confidentiality of the participants and the RTFC facilities they represented. The researchers did not connect an administrator's name or the name of their respective RTFC with the collected data at any point during the course of the interview. A random number was assigned to each RTFC facility to match the interviewer's notes to the respective interview, thus

no association would be made as to the identity of the administrator or RTFC facility and the data recorded from that interview. The data was also stored in a secure manner so it would not be accessible to others not involved in the conduction of the study. Once the study was concluded and the data was no longer needed, it was destroyed.

Data Analysis

Data analysis for this study was conducted by using descriptive analysis techniques. First, data from the hand-written face-to-face and telephone interviews were entered into a SPSS file and a coding scheme was developed to organize the data by specific themes in the areas of case plan design, team decision making, types of interventions, and staff training. A journal was used to record the definition of each code and to document the designation of codes in the data.

Descriptive statistics were used to summarize the data and explore the relationship between the four independent variables: case plan design, team decision making, types of interventions, and staff training and the two dependent variables of number of treatment

completion and AWOL cases. Due to the small sample size of the study, a chi-square test was conducted in order to analyze the statistical data.

Summary

This chapter presented the methodology that was employed in the study. Issues pertaining to the composition of the study were discussed, such as: study design, sampling, data collection process and a detailed explanation of procedures. This chapter also addressed issues pertaining to protection of human subjects and concluded with a description of descriptive survey analysis procedures that were employed in this study.

CHAPTER FOUR

RESULTS

Introduction

Chapter four includes the presentation of the results found in this study. We described the findings by applying univariate statistics that were used to analyze: the demographic characteristics of the participants, the four independent variables affecting treatment outcomes including case plan design, team decision making, types of therapeutic interventions, and staff training. The two dependent program outcome variables including the number of treatment completion and AWOL cases, and the administrators overall view of the facility's effectiveness are described.

Presentation of the Findings

Demographic Characteristics of the Participants

Table 1 shows the demographic characteristics of the participants. There are a total of 30 administrators in the study sample. The age of the participants ranges from 26 to 62 years and the average age of the participants is 43.3 years. A large percentage of the administrators (36.7%) are between the ages of 38 and 49, 33.3% are

between 26 and 37, 26.7% are between 50 and 61, and the rest, 3.3%, are between the ages of 62 and 73. The majority of the participants are Caucasian (63.3%), 20% are African-American, and 16.7% are Latino. In respect to gender, over half of the participants (60%) are female, while men comprise 40% of the sample.

The years of experience range of the administrators are from 1 to 20 years, while the average length of experience is 7.72 years. Nearly a half of the participants (46.7%) indicated that they had worked at the facility between 1 and 5 years, 23.3% between 11 and 15 years, 16.7% between 6 and 10 years, and 13.3% between 16 and 20 years. A large portion of the administrators (47%) possess a Masters degree in the areas of Arts, Social Work or Marriage and Family Therapy, 43% have a Bachelor of Arts in Psychology, Business Administration, or Human Services, while the remaining portion, 10%, have a PHD in Clinical Psychology.

Table 1. Demographic Characteristics of the Participants

Variable	Frequency (n)	Percentage (%)
Age (N = 30) Mean = 43.4		
26-37	10	33.3%
38-49	11	36.7%
50-61	8	26.7%
62-73	1	3.3%
Ethnicity (N = 30)		
African-American	6	20.0%
Caucasian	19	63.3%
Latino	5	16.7%
Gender (N = 30)		
Male	12	40.0%
Female	18	60.0%
Years of Experience (N = 30) Mean=7.72		
1-5	5	16.7%
6-10	7	23.3%
11-15	4	13.3%
16-20		
Type of Credentials (N = 30)		
BA	13	43.0%
MA, MSW, MFT	14	47.0%
PH.D.	3	10.0%

Variables Affecting Program Outcomes

Table 2 shows the characteristics of case plan design and whether it was tailored individually per client at the facility. Almost all of the participants (96.7%) reported that the case plan was tailored individually, except one person. A majority of the

administrators that indicated the facility had individualized case plans for the clients stated the case plan included a biopsychosocial assessment that evaluated the client's health, psychological, emotional, social, behavioral, and/or educational needs. Based on the results of the assessment, maladaptive areas were targeted to make specific treatment goals. In addition to a biopsychosocial assessment, several administrators from other facilities stated that the case plan included unique aspects such as: safety and crisis plan strengths, a gang/anti-social evaluation, college prep training, communication skills training or grief counseling.

Table 2. Case Plan Design

Variable	Frequency (n)	Percentage (%)
Case Plan Tailored Individually (N=30)		
Yes	29	96.7%
No	1	3.3%

Table 3 displays team decision-making characteristics and whether or not the facility utilized team decision-making. Over 93% of the administrators' indicated that their facility utilized team decision-making, while 6.7% stated it did not. When asked

what key people attended a client's team decision-making meeting, a large portion of the administrators listed similar responses such as: the residential director, the clinical director, the social worker, the residential case manager, residential child care staff, a LCSW or MFT, a Court Appointed Special Advocate (CASA) worker, a psychiatrist, a registered nurse, and any family members involved in the client's life. Other key people listed by some of the administrators that were not stated by the larger portion were: a drug and alcohol specialist, mental health rehabilitation specialist, attorney, pertinent church members, and a psychiatric nurse.

Table 3. Team Decision-Making

Variable	Frequency (n)	Percentage (%)
Team Decision-Making Utilized (N=30)	28	93.3%
Yes	2	6.7%
No		

Table 4 demonstrates that almost two-thirds of the participants (63.3%) indicated that their Residential Treatment Care facility did construct its therapeutic regimen around a cognitive-behavioral approach, while

36.7% of the participants stated that they did not. Among the participants who responded that they do not utilize a cognitive-behavioral approach for the therapeutic regimen, the majority stated that they utilized either a strengths based approach or an eclectic approach. The respondents who indicated that they used a strengths based approach for their form of regime reported that their intervention modes were individualized for the client based on strengths. In addition to having a more individualized intervention, the respondents also indicated that the strengths based approach included an emphasis on interpersonal style. The respondents that reported an eclectic approach as the form of a therapeutic regimen utilized, stated that the eclectic approach included: a combination of Cognitive therapy, Reality therapy by William Glasser, and Psychodynamic therapy.

Table 4. Types of Therapeutic Interventions

Variable	Frequency (n)	Percentage (%)
Cognitive-Behavioral Therapy (N=30)		
Yes	19	63.3%
No	11	36.7%

Table 5 shows the characteristics of staff training and whether it was mandated at the facility. Almost all of the participants (96.7%) stated that staff trainings were mandated at the Residential Treatment Care facility, while 3.3% stated they were not mandated. Over half of the respondents (60%) that stated staff trainings were mandated at the facility indicated that the trainings occurred on a monthly basis. Nearly a fourth (23.3%) of the respondents indicated that staff trainings occurred on a weekly basis. A majority of the administrators that indicated staff trainings were mandated at the facility stated that trainings included: PART training (Proper Training on Physically Restraining a client), behavioral-modification techniques, CPR and First-Aid, crisis intervention, and identification of psychotropic medications. One participant indicated that sexual abuse and diagnostic training were some of the topics covered in that facility's staff training. Additionally, another participant indicated that cultural issues and substance abuse issues were included in their subject matter for staff trainings.

Table 5. Staff Trainings Mandated at Facility

Variable	Frequency (n)	Percentage (%)
Staff Training (N=30)		
Yes	29	96.7%
No	1	3.3%

Program Outcome Variables

Table 6 shows the number of Absences Without Leave (AWOL) reported by the respondents that occurred at the facility per year. The sample size for this variable of number of AWOLS was smaller due to one participant declining to answer to this item during the interview. Among the participants who responded, 43.3% stated that the number of AWOLS fell within the range of 1 through 5 AWOLS per year, 26.7% of the respondents indicated that the number of AWOLS ranged from 6 to 10 per year, and 23.3% of the participants reported that they had anywhere from 10 or more number of AWOLS that occurred within a given year. One participant stated that there were no AWOLS that occurred at the facility.

Table 6. Number of Absences without Leave that Occur Per Year

Variable	Frequency (n)	Percentage (%)
Number of AWOLs (N=29)		
0	1	3.3%
1-5	13	43.3%
6-10	8	26.7%
10 or more	7	23.3%

Of the 30 administrators sampled, two declined to answer the item regarding how many clients at the facility complete their treatment plan and graduate from the program. Table 7 shows the percentage of clients that complete their treatment program each year at the facility. Over a third of the participants (36.7%) stated that more than 50% of the clients at their facility complete the treatment plan and graduate from the program. Over a fifth of the administrators (26.7%) indicated that the percentage of clients who complete their treatment plan and graduate from the program fell within 41% to 50%, 13.3% of the respondents stated that 31% to 40% of the clients at the facility complete the treatment plan, and the remaining portion, 10%, stated that 11% to 20% of the clients complete the treatment

plan. Only 6.7% of the administrators indicated that 21% to 30% of the clients complete the treatment plan and graduate from the program.

Table 7. Percentage of Clients who Complete Treatment Plan

Variable	Frequency (n)	Percentage (%)
Percentage of Completion (N=28)		
11-20%	3	10.0%
21-30%	2	6.7%
31-40%	4	13.3%
41-50%	8	26.7%
51% or higher	11	36.7%

Table 8 shows the characteristics of the administrator's view of the overall treatment effectiveness of the facility and whether he/she thought it was very effective, effective, or moderately effective. A very large portion of the participants (80%) indicated that the overall effectiveness of the facility was very effective or effective, and 20% rated the facility as moderately effective. When the participants were asked for reasons why they gave their facility the corresponding rating, participants who rated their facility very effective or effective stated that reasons

why their facility was effective included: great staff, high success rate, successful therapeutic approach, staff's constant evaluation of their strengths and weaknesses, broad service base, excellent funding, and good reputation with the Department of Children and Family Services.

Participants that rated their facility moderately effective indicated responses that included factors such as: limitations in treatment due to high level of care, need for more structure in clinical program, lack of communication between external systems, difficulty in treatment of all clients, need for improvement with staff, high turnover rate among staff, and the difficulty in keeping social service clients in treatment for the entire period due to unexpected placement changes.

Table 8. Administrator's View of Facility's Effectiveness

Variable	Frequency (n)	Percentage (%)
Facility's Effectiveness (N=30)		
Very effective	12	40.0%
Effective	12	40.0%
Moderately effective	6	20.0%

A series of chi-square tests were conducted to see if there was an association between the independent variables of case plan design, team decision-making, types of interventions, and staff trainings and the dependent variables that included the number of treatment completion and AWOL cases, and the findings showed no statistical significance.

Summary

This chapter included the presentation of the results found in this study that were analyzed by applying univariate statistics. The findings were presented in the sections of: the demographic characteristics of the participants, the variables affecting treatment outcomes including case plan design, team decision making, types of therapeutic interventions, and staff training, the program outcome variables including the number of treatment completion and AWOL cases, and the administrators overall view of the facility's effectiveness.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter five includes the discussion of the overall findings in this study. We described how the findings compared and contrasted with the findings with previous literature. Limitations of this study were discussed and suggestions were proposed for future researchers. Implications for social work practice and policy were described. We concluded with how the findings of this study have broader implications for social work practice.

Discussion

The sample used for this study included administrators from 30 different Residential Treatment Foster Care facilities in the Los Angeles County area. The majority of the participants had received a Master's Degree in college and had an average of at least eight years of experience as an administrator. All of the respondents in the study had acquired at the minimal level a Bachelor's degree in education. The majority of the participants were in their late thirties to late forties in age. Over half of the respondents were

Caucasian females. A majority of the RTFC facilities utilized an individualized case plan for the clients, team decision-making, a cognitive-behavioral therapeutic intervention, and mandated staff trainings at the facility.

The overall findings regarding the characteristics that contribute to treatment effectiveness such as: case plan design, team decision-making, types of interventions and staff trainings were consistent with previous literature, except for variations in types of interventions and staff trainings. The characteristics of case plan design and team decision-making were consistent with Leveille's study (2001) in that facilities that implemented an individually tailored case plan design and the use of key people in team decision-making did report a higher level of client treatment effectiveness due to lower number of AWOL cases and higher treatment completion rates.

The characteristics of types of therapy interventions findings were inconsistent with the Leveille (2001) and Baez (2003) studies that proposed RTFC facilities are moving away from the traditional cognitive-behavioral approach and adapting a

phenomenological therapeutic approach. This current study found that a majority of the facilities were implementing a CBT therapeutic regimen and the ones that were not utilizing CBT, were using a variation of Cognitive Therapy, called Eclectic and a strengths based approach. The staff trainings results were incongruent with the Leveille (2001) and Zirkle et al. (2002) studies that suggested facilities that mandated standardized trainings on ethics and boundary issues were more effective in client treatment, as the facilities in the current study did not report using these types of staff trainings.

An interesting aspect of the study's findings was that although all of the administrators gave their facilities a high rating level of effectiveness, some of the administrators stated that their facility could use some improvement in the areas of clinical structure, communication between external systems, staff performance, and treatment with certain client populations. These statements suggesting such an array of areas in need of improvement arise some questions regarding the candidness of the administrator's rating levels of the facilities.

Limitations

A major limitation of the study was the small sample size of 30 RTFC facilities and the convenience of the sample. The researchers were able to obtain an incomplete list of facilities located in LA County from the Department of Children and Family Services, and thus the participants were not randomly sampled from the entire population of RTFC facilities in LA County and therefore the results cannot be truly representative of the RTFC facility population. In addition to a small and convenient sample, another limitation is that because the sample was only taken from RTFC facilities in parts of LA County, the findings cannot be generalized to other Counties in California.

In regards to methodology, there were limitations in the study's overall design. Due to the innovation of the study, there was no standardized baseline of how an effective RTFC program operates and therefore the researchers had to create their own interview instrument and method of how to operationalize the independent and dependent variables. Many of the administrators did not have access to exact percentages or numbers of how many AWOLs and treatment completion cases had occurred each

year at the facility and thus had to give approximations, which may have compromised the study's results.

A significant limitation of the study was that not only did it rely on self-reporting, but also the administrators knew the researchers were affiliated with the Department of Children and Family Services and thus it was difficult to assess the level of honesty given by the administrators in responding to the questions in the interview. Some of the administrators refused to answer questions regarding treatment completion and AWOL cases and thus also compromised the study's validity. Perhaps a more effective approach that accounted for a way to establish a higher degree of anonymity would have helped the administrator's feel more comfortable to answer all the questions in a candid manner.

The research design of being an exploratory study resulted in a final limitation because there were not precise hypotheses to investigate. The researchers explored characteristics of RTFC facilities in an attempt to uncover any generalizations and the fact that there is little research in RTFC, the results did not show significant findings that can be applicable to the larger population. The researchers hold high hopes that this

study can be replicated by another research team that can develop a precise and complex design that is able to provide significant results that can change how RTFC facilities operate and thus increase treatment effectiveness.

Recommendations for Social Work Practice, Policy and Research

Social workers who work in the child welfare system place an immense amount of their young clients into RTFC facilities without having acquired any empirical data on the facilities (Charles & Nelson, 2000). Assessment of the facility's components is necessary to ensure a successful placement of a child by the social worker. Child welfare social workers could begin by asking RTFC administrators which staff trainings are offered. For example, this study found that a small percentage of RTFC facilities do not mandate staff trainings. Some administrators responded that they offered unique staff trainings at their facilities such as cultural awareness and sexual abuse of children training which would show the social worker that these facilities are innovative and likely to try to new ideas.

Social work practitioners in child welfare could look into the use of innovative therapeutic intervention at a RTFC and see if their client would benefit from a different type of therapy approach. This study showed that the majority of RTFC facilities are still using the standard cognitive-behavioral approach, but some facilities are using newer approaches such as the eclectic approach. Lastly, treatment effectiveness needs to be further explored by child welfare social workers. Some of the administrators in this study admitted that there were systematic flaws at their agency including poor communication. A case-carrying social worker could utilize this information to assess if the client would be best served in an agency experiencing many difficulties.

The Improvement and Accountability Act (AB636) of 2004 states that the child welfare system is to reduce the reliance of long-term foster care for children in the system. Unfortunately, AB636 does not mandate how to monitor the operations of a Residential Treatment Foster Care facility. Policy makers at the Department of Children and Family Services could utilize this study's findings in order to ensure client safety and decrease liability issues. For instance, this study examined the

number of AWOL's or amount of times a client is away from supervision that occurred at a facility. AWOL's are dangerous as the client may run away to engage in a dangerous criminal activity such as substance use or theft. DCFS becomes liable when the number of client AWOL's are high at a facility and DCFS continues to place clients at that facility. Child welfare administrators have to ensure that RTFC facilities are maintaining adequate supervision for clients, so that clients do not AWOL and potentially end up harmed.

Findings presented in this study suggest a need for further research as to which components of RTFC facilities are critical for overall treatment effectiveness. Treatment effectiveness was only measured in terms of number of AWOL's and treatment plan completion. Future researchers could look into criminal recidivism for a dependent variable associated with treatment effectiveness because past research has shown that criminal recidivism is strongly correlated with foster care placement (Baez, 2003). Additionally, future researchers could look into more independent variables that are part of the RTFC construct. Independent variables such as staff-to-client ratio and facility

budget are some of the variables that are a major part of the facility but were not examined in this study with regards to effectiveness.

Future research is needed with regards to this study so that interrater reliability can be achieved. Since this study was the first of its kind to explore the four characteristics of team decision-making, therapeutic intervention, staff training, and individualized case plans and overall treatment effectiveness, there is no way to compare the findings to other researchers' findings. Replication is needed to gain insight if this study's findings would arise if researchers performed this study with different agencies. A more standardized instrument needs to be created so that internal validity can be measured for this study. The researchers created their own instrument to explore the characteristics; however it is not certain that empirically the instrument measured what it intended to measure.

Conclusions

This study offers findings from a process evaluation that explored the four characteristics of case plan design, team decision-making, therapeutic intervention,

staff training, and overall treatment effectiveness with regards to the number of AWOL's and completion of treatment plan. This is consistent with past research that facilities that utilize components such as individual case plans and team-decision making do report having a higher level of effectiveness at the facility. Questions posed for future study of RTFC facilities would include more detailed examination of these components, as well as, an examination of other components that exist in the construct of a RTFC facility.

APPENDIX A
INTERVIEW GUIDE

Interview Guide

Instructions: Please answer the Following questions by filling in the blanks and by circling the answers that best fit. Your additional commentary is also requested and space is provided for your answers. Thank you for your participation.

Demographic Questions:

- A. How old are you? _____ years
- B. What ethnic background do you identify with?
- 1) African-American
 - 2) Caucasian
 - 3) Asian
 - 4) Native American
 - 5) Latino
 - 6) Other
- C. Gender
- 1) Male
 - 2) Female
- D. Years of experience as an administrator at the RTFC facility? _____ years
- E. Possession of credentials such as graduate degrees or licenses?
- 1) Yes
 - 2) No

If yes please explain which credentials or degrees: _____

Case Plan Design Questions:

A. Are the case plans at this facility tailored individually per client?

- 1) Yes
- 2) No

If yes please explain how the plans are individually tailored: _____

B. What does the facility's case plan include? _____

Team Decision Making Questions:

A. Is team decision making utilized at the facility with regards to the client's overall treatment?

- 1) Yes
- 2) No

If yes please what key people does it consist of? _____

Types of Interventions Questions:

- A. Does the facility construct its therapeutic regimen around a cognitive-behavioral approach?

“Cognitive Behavior Therapy (CBT or CT) is a form of therapy that is derived from a four step process, which highlights the steps our brain takes to decide behavior. The first part of this process always begins with a situation, such as dropping a glass of water or passively watching a program on TV. The second step is having a thought about this situation, which leads to an emotional response. Emotional responses are the third step of CBT, and they represent our evaluation of a situation. This leads to the final step, which is our reaction to the situation, which may or may not appease our emotional desire.”
(<http://www.answers.com/topic/cognitive-therapy>)

- 1) Yes
- 2) No

- B. If a non-cognitive approach is used, what type is it? How would it be described? _____

Staff Training Questions:

- A. Does the facility mandate staff training?

- 1) Yes
- 2) No

If yes please describe what types of staff trainings does the facility offer and how often? _____

Number of AWOL Cases Question:

- A. Approximately how many AWOLs occur at this facility each year out of the total number of cases? _____

Number of Treatment Completion Cases Question:

- A. Approximately how many clients complete their treatment plan and graduate from the program? _____

Administrator's View of Overall Effectiveness Question:

- A. How effective is the facility at treating clients?

- 1) Very Effective
- 2) Effective
- 3) Moderately Effective
- 4) Not Very Effective

Please Explain: _____

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being about to participate is designed to explore the relationship between facility characteristics such as case plan design, team decision making, types of interventions used at the facility, and staff trainings and overall treatment effectiveness. This study is being conducted by Adrienne Vance and Courtney Glazer under the supervision of Dr. Janet Chang, Associate Professor of Social Work. This study has been approved by the Department of Social Work Institutional Review Board Subcommittee.

In this study you will be interviewed and asked to respond to several questions regarding the operation of the facility. The interview should take approximately 30-40 minutes. All of your responses will be held in the strictest of confidence by the researchers. Your name or the name of your facility will not be reported with your responses. All data will be reported in-group form only. You may receive the group results of this study on September 15, 2006, at the Pfau Library, California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at anytime during the study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail.

Your participation in this study will aid in increasing the knowledge of how to better treat clients in Residential Treatment Foster Care. The researchers do not foresee any risks associated with the questions presented in the interview.

If you have any questions or concerns about this study, please feel free to contact me, Dr. Janet Chang, at (909) 537-5184 or (909) 537-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here

☐

Today's date: _____

APPENDIX C
DEBRIEFING STATEMENT

Process Evaluation of Residential Treatment Foster Care Debriefing Statement

This interview you have just completed was designed to explore the relationship between Residential Treatment Foster Care characteristics and overall treatment effectiveness. The characteristics assessed in this interview were: case plan design, team decision-making, types of interventions used at the facility, and staff training. These characteristics often affect the quality of treatment for clients in Residential Foster Care and we are particularly interested in the relationship between these multiple characteristics and how they contribute to the client's successful completion of the treatment program.

Thank you for your participation and for not discussing the interview questions with other participants. If you, in any way, feel mentally affected by the interview you have just completed, we recommend that you seek assistance at one of the following agencies:

The Los Angeles County Department of Mental Health 24/7 Hotline 1-800-854-7771

Pasadena Mental Health Center (626) 798-0907

Los Angeles Health Services (310) 537-5883

If you have any questions about the study, please feel free to contact Adrienne Vance or Courtney Glazer or Dr. Janet Chang, at (909) 537-5184 or (909) 537-5501. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library at CSUSB at the end of Fall Quarter of 2006.

REFERENCES

- Altshuler, S. J., & Poertner, J. (2002). The child health and illness profile-adolescent edition: Assessing well-being in group homes or institutions. *Child Welfare, 81*(3), 495-514.
- Apsche, J. A., Evile, M. M., & Murphy, C. (2004). The thought change system: An empirically based cognitive behavioral therapy for male juvenile sex offenders. *The Behavior Analyst Today, 5*(1), 101-107.
- Baez, A. (2003). A group approach to fostering self-cohesion and developmental progression in female adolescent group home residents. *Journal of Child and Adolescent Social Work, 20*(5), 351-373.
- Cooper, M. G., & Lesser, J. G. (2005). *Clinical social work practice: An integrated approach*. Boston: Pearson Education Inc.
- Charles, K., & Nelson, J. (2000). *Permanency planning: Creating life long connections. What does it mean for adolescents?* Oklahoma City, OK: The University of Oklahoma, National Resource Center for Youth Development.
- Curtis, P. A., Alexander, G., & Lunghofer, L. A. (2001). A literature review comparing the outcomes of residential group care and therapeutic foster care. *Journal of Child and Adolescent Social Work, 18*(5), 377-389.
- Farmer, E. M., Wagner, H. R., Burns, B. J., & Richards, J. T. (2003). Treatment foster care in a system of care: Sequences and correlates of residential placements. *Journal of Child and Family Studies, 12*(1), 11-25.
- Grinnell, R. M., & Unrau, Y. A. (2005). *Social work research and evaluation: Quantitative and qualitative approaches*. New York: Oxford University Press.

Kirst-Ashman, K. K., & Hull, G. H. (2002). *Understanding generalist practice*. Pacific Grove: Thomas Learning Inc.

Leveille, J. J. (2001). A critical assessment of a reflexive, phenomenological approach to the residential treatment of troubled youth. *Child & Youth Care Forum*, 30(3), 155-174.

Zirkle, D. S., Jensen, M. A, Collins-Marotte, J., Murphy, R. J., & Maddux, C. (2002). Therapeutic practices and ethical beliefs of professionals working with adolescents in residential treatment. *Counseling and Values*, 46(2), 108-117.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Adrienne Vance & Courtney Glazer

2. Data Entry and Analysis:

Team Effort: Adrienne Vance & Courtney Glazer

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Adrienne Vance & Courtney Glazer

- b. Methods

Team Effort: Adrienne Vance & Courtney Glazer

- c. Results

Team Effort: Adrienne Vance & Courtney Glazer

- d. Discussion

Team Effort: Adrienne Vance & Courtney Glazer